

UNITED STATES DISTRICT COURT

for the

District of Maryland

JASON ALFORD, et al.

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Plaintiff(s)

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v.

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Civil Action No. 1:23-cv-00358

THE NFL PLAYER DISABILITY & SURVIVOR
BENEFIT PLAN, et al.

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Defendant(s)

)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) THE NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN
 c/o Disability Board
 200 Saint Paul St., Ste. 2420
 Baltimore, MD 21202

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jason S. Rathod
 412 H Street, N.E.
 Suite 302
 Washington, DC 20002

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Signature of Clerk or Deputy Clerk

Date: 02/10/2023



Civil Action No. 1:23-cv-00358

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) The NFL Player Disability & Neurocognitive Benefit Plan c/o Disability Board was received by me on (date) 2/14/2023.

I personally served the summons on the individual at (place) _____
on (date) _____; or

I left the summons at the individual's residence or usual place of abode with (name)
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

I served the summons on (name of individual) 200 St. Paul Place, Suite 2420, Baltimore, MD 21202, who is
designated by law to accept service of process on behalf of (name of organization)
The NFL Player Disability & Neurocognitive Benefit Plan c/o _____ on (date) 2/14/2023 2:07 PM; or
Disability Board

I returned the summons unexecuted because _____; or

Other (specify):

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: 2/14/2023

Server's signature



Rodney Getlan, Process Server

Printed name and title

62435

P.O. Box 18647, Washington, DC 20036

Server's address

Additional information regarding attempted service, etc:

Linda Johnston Gender: Female Race/Skin: White Age: 60 yrs. old Weight: 160 lb Height: 5'6" Hair:
Brown/Gray Glasses: Yes Other:

Documents Served: Summons in a Civil Action, Class Action Complaint, Civil Cover Sheet